

2020 Open Enrollment Marketplace Update

October 3, 2019



NEW MEXICO'S HEALTH INSURANCE EXCHANGE

[beWellnm.com](https://www.beWellnm.com)

1.833.ToBeWell

THE PLACE TO SHOP, COMPARE AND BUY HEALTH INSURANCE. *Affordably.*

Agenda

- Interim CEO – Jeffery Bustamante
 - Future of the NM Health Insurance Exchange
- Director of Communications and Education – Maureen Manning
 - The beWellnm Marketplace
 - BeWellnm Open Enrollment Activities
 - CMS – Campaigns
 - What's changed in the Marketplace
 - Carrier Options for 2020
 - Enrollment Landscape
 - Local Resources

The future of the NM Health Insurance Exchange!

- The NM Health Insurance Exchange Board approved to move NM forward, and become a state-based exchange marketplace for Plan year 2022.

What does this mean, for New Mexico?

- State-based exchange is projected to save money in the future and provide beWellnm with expanded access to data.
- Improved consumer, carrier and all user experience

The beWellnm Marketplace

- New Mexicans and Small Business owners can shop, compare and find resources to assist them in finding the plan that is right for them by making apples-to-apples comparisons between qualified health plans and determining their eligibility for cost-savings.

Individuals & Families (Individual Marketplace)

For New Mexicans who:

- Are uninsured or have no access to coverage through their employer
- Currently buy insurance on their own

Open Enrollment begins November 1st, 2019 and ends December 15th, 2019.

For education and resources:
www.beWellnm.com (Local)

To enroll: www.beWellnm.com will route you to www.healthcare.gov (Federal)

Small Business

For Small Business Employers

- With 2-50 employees needing small group plan options
- Wanting to provide choice to their employees
- Tax credit

Open Enrollment is on-going!

For education and resources:
beWellnm.com (local)

To enroll and set up business account or
Get a Quote: business.beWellnm.com



New Mexico's Health Insurance Exchange

Our Mission

Promote efforts to educate and enroll New Mexicans in affordable health insurance coverage that promotes better access to timely, high quality healthcare.

Affordable Care Act



- Financial assistance available to many to help offset costs of coverage and care
- No exclusions of pre-existing conditions
- Plans must cover essential health benefits, including prescription drugs, emergency room visits (both in and out of state), outpatient care, and cost-sharing free preventative care

Get to Know beWellnm

- ... is the place to find resources and educational information related to health coverage that helps you take care of your family and or employees.
- ... is the only place that offers cost-savings programs, such as the Advance Premium Tax Credit (APTC), and or premium subsidies, that reduce the cost of health insurance premiums.
- ... is where New Mexicans can shop, compare and buy plans, review options, and locate what is right for them.
- ... is the place to go for FREE health insurance help from Certified Agents, Brokers and Enrollment Counselors. Access to the experts at no cost!

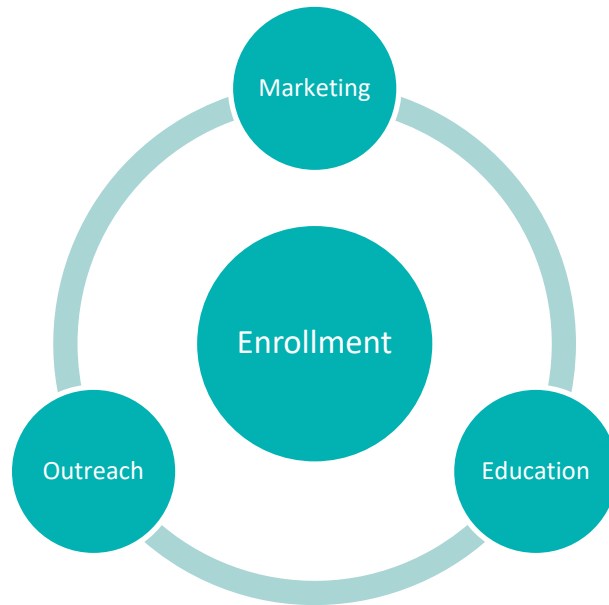
State Based Exchange - Small Business Health Option

- At beWellnm, an employer can design a comprehensive package that works for their employees and their budget.
- Our Full Choice program is an exclusive source for offering the employees multiple carrier options, allowing the employee to customize health plan offerings like never before.
- Enhancements effective October 1, 2019:
 - Employers will select a base plan and give employees FULL CHOICE;
 - Employees will choose a plan from any metal level.
 - Employers will be allowed to cover any amount of the premium.
 - Employers will be able to contribute either a set dollar amount or a percentage of the employees' premium.
 - There is NO participation requirement, employees participating in the coverage can range from 0% to 100%; no minimum requirement applies.



Open Enrollment Activities

Priorities this Open Enrollment



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Best Practices

- Outreach to Business Owners – Promoting Open Enrollment
- Enrollment Events – (HSD Partnership)
- Bridging Native American Campaign with Open Enrollment Marketing activities
- Value of using an Agent/Broker/Enrollment Counselors
- Focus on Retention
 - Value of Insurance
 - Value of EHB's & QHP's
 - Premium Assistance (APTC's)
 - Enrollment events at Universities/Broker offices/Hospitals

CMS Campaign

Tactics:

- Email
- SMS (Text Messaging)
- Auto-dial/ Robo calls coming from Healthcare.gov

Standard Chase Emails to three segments: Existing Consumer, Prior Experience, Active Applicant

- Frequency: 3x/week during non-deadline weeks – typically Mon, Tue and Thu.
- Starting Monday, Dec 9 (“deadline week”), multiple sends per day.
- On average, each segment will receive ~32 emails and ~9 SMS/texts during OE.

Segments:

- **Prior Experience**

Sub-segments : Prior Experience Subscriber, Account Only, Prior Year App

- **Existing Consumers**

Sub-segments: No Auto Re-Enroll, Shop for Plan (Cross Issuer), Shop for Plan (Different Product, Same Issuer), Losing APTC, Cost Increase 25%+, No/Low Financial Help, Financial Help, Update Info, Generic

- **Active Applicants**

Sub-segments : First Time Subscriber, Apply, No/Low Financial Help, Financial Help



What's changed in the Marketplace

What's changed in the Marketplace?

- Annual cost-sharing limits cannot exceed specified amounts. For 2020, the maximum annual out-of-pocket limitation on cost sharing has increased to \$8,150 for an individual and \$16,300 for families enrolled in individual or group market plans.
- CMS has updated its definition of “web-broker” to mean an individual agent or broker, group of agents or brokers, or business entity registered with the Marketplace that develops and hosts a Non-Marketplace website that interfaces with the Marketplace to assist consumers with direct enrollment in qualified health plans (QHPs) offered through the Marketplace.

Retroactive Effectuation of Eligibility Appeal Decisions

- Consumers have a right to request an appeal if they believe there was a mistake or disagree with certain eligibility determinations made by the Marketplace. If an eligibility appeal decision finds the contested eligibility determination was incorrect when it was made by the Marketplace, the consumer may decide to have the decision implemented retroactively, based on the date when the consumer received the incorrect determination.
- The Marketplace plan may owe an appellant a refund if:
 - The appellant paid Marketplace plan premiums to the plan before the appeal was decided, and
 - The appellant is now eligible for a larger premium tax credit and/or lower copayments, coinsurance, and deductibles as a result of the appeal.
 - Alternatively, an appellant may owe money to the Marketplace plan if:
 - The appellant is now enrolling in Marketplace coverage with an earlier effective date, or
 - The appellant has not paid his or her past premium balance(s)

Cont. Eligibility Pending Appeal

- If a consumer appeals a determination of eligibility, the consumer may request eligibility pending appeal. Consumers granted eligibility pending appeal are eligible for the level of eligibility immediately before the determination being appealed. Eligibility pending appeal permits consumers to continue enrollment in a QHP, APTC, and cost-sharing reductions (CSR's), as applicable.
- Consumers are encouraged to maintain their QHP enrollment during the course of an appeal because some case types require an active enrollment in order to implement a favorable appeal decision. Eligibility pending appeal may help consumers maintain their enrollment.

For the Open Enrollment period for plan year 2020, the Marketplace will make determinations of eligibility for APTC and income-based CSR's based on the 2019 HHS Federal Poverty Guidelines.

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,420 for each additional person.	
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

Note: that Medicaid and CHIP assessments/determinations are currently based on the 2019 FPL from the HHS 2019 Poverty Guidelines until January or February 2020 when HHS releases the new guidelines for 2020.

*Figures are at 100% FPL.

Reduction in Maximum Annual Limitation on Cost Sharing for 2020

Silver Plan Variations for Income-based CSRs

Plan Variation (from 70% Actuarial Value [AV] Silver Plan)	Income Range for Individual*	Individual Out-of- Pocket Maximum (standard 2020 limit: \$8,150)	Income Range for Family of Three*	Family Out-of- Pocket Maximum (standard 2020 limit: \$16,300)
94% AV Silver Plan Variation (for households with a modified adjusted gross income [MAGI] between 100-150% of the FPL)	\$12,490- \$18,735	\$2,700	\$21,330- \$31,995	\$5,400
87% AV Silver Plan Variation (for households with a MAGI between 150-200% of the FPL)	\$18,735- \$24,980	\$2,700	\$31,995- \$42,660	\$5,400
73% AV Silver Plan Variation (for households with a MAGI between 200-250% of the FPL)	\$24,980- \$31,225	\$6,500	\$42,660- \$53,325	\$13,000

Plan Category Limitations

- Marketplace consumers who wish to change QHPs outside of the annual Open Enrollment period may have a limited range of plan categories to choose from during their SEP window. Plan category limitations may apply when consumers:
 - Currently have a Marketplace plan,
 - Experience certain SEP-qualifying events, and
 - Want to change from their current plan.
- Most common SEP types, permanent change in primary place of living, or change in household size, are subject to plan category limitations. This means if a consumer wants to change plans during an SEP that he or she qualifies for, the consumer may need to select a new plan within the same plan category as his or her current plan, or wait until the next Open Enrollment if the consumer wants to change to a plan in a different category.

Plan Category Limitations

- For most (but not all) SEP types subject to limitations, existing enrollees will generally only be able to choose from plans within the same plan category as their current plan. For example, someone who is already enrolled in a Bronze plan (and wants to change plans) will only view and be able to choose from Bronze category plans.
- If a consumer's household size increases due to marriage, birth, adoption, foster care, or court order, the consumer can choose to add the new dependent to his or her current plan or add them to the consumer's own, separate, household enrollment group and enroll them in any plan for the remainder of the year. **Note:** This only applies to the new household member. Current enrollees generally may not be able to change plans.

On June 2019, the Departments of Health and Human Services, Labor, and Treasury jointly published a final rule to expand the flexibility and use of **health reimbursement arrangements** (HRA's) and other account-based group health plans to provide American with additional options to obtain quality, affordable health care. The final rule reverses prior federal guidance by allowing HRAs to be used to fund both premiums and out-of-pocket costs associated with individual health insurance coverage.

The Federal government estimates that “this expansion of HRA's will benefit approximately 800,000 employers, including small businesses, and more than 11 million employees and family members, including an estimated 800,000 Americans who were previously uninsured.”

- Employers may offer “individual coverage HRA's” that employees may use (on a tax preferred basis) to pay for the cost of health insurance coverage purchased in the individual market. This provision includes restrictions for certain types of coverage such as short-term, limited-duration insurance and coverage that consists solely of “excepted” benefits such as vision and dental coverage. Employers may place requirements on how the HRA funds can be used, including limiting their use to premiums, cost-sharing, and/or specific medical expenses.
- Employers may also offer an “excepted benefit HRA” of up to \$1,800 per year (indexed to inflation after 2020) to reimburse an employee for certain qualified medical expenses, including premiums for vision, dental, COBRA, and short-term, and limited-duration insurance. This option is available even if the employee does not enroll in the employer's group health plan.
- A special enrollment period in the individual market will be available for employees eligible for an individual coverage HRA. Employees who are offered an “affordable” individual coverage HRA are ineligible for premium tax credits. However, employees offered an individual coverage HRA may opt out and apply for premium tax credits. Like other types of coverage, these tax credits are only available if the individual coverage HRA is considered unaffordable .

Tools available for HRA's

- The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) publishes the Individual Coverage Health Reimbursement Arrangement (ICHRA) Employer Lowest Cost Silver Plan (LCSP) Premium Look-up Table to help stakeholders access individual market Qualified Health Plans (QHP's) LCSP premium data by geographic location

FAQ's for Employers and Employees:

www.cms.gov

Premium Look up table:

https://www.cms.gov/blog/how-health-reimbursement-agreements-hras-help-employers-expand-coverage-options-their-employees?utm_campaign=hcgov_ab&utm_content=english&utm_medium=email&utm_source=govdelivery

- Public Charge - This final rule is effective October 15, 2019.
 - This final rule amends DHS regulations by prescribing how DHS will determine whether an alien applying for admission or adjustment of status is inadmissible to the United States under section 212(a)(4) of the Immigration and Nationality Act (INA or the Act), because he or she is likely at any time to become a public charge.
 - Finally, this rule includes a requirement that aliens seeking an extension of stay or change of status demonstrate that they have not, since obtaining the non-immigrant status they seek to extend or change, received public benefits over the designated threshold, as defined in this rule.
 - The Advanced Premium Tax Credit is **not** part of the public charge consideration.

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Carrier Options for 2020

2020 Participating Carriers On Exchange

Individuals & Families

- Blue Cross Blue Shield
- Molina Healthcare
- NM Health Connections
- True Health New Mexico (**New**)

Important- CHRISTUS Health Plan- not available for Plan year 2020

Small Business Health Options

- Presbyterian Health Plan
- Presbyterian Insurance Company
- True Health New Mexico

Choice	Assistance	Transition
<p>We understand that CHRISTUS Health Plan will no longer offer individual plans for 2020 on the exchange, but there will still be plenty of choice and options through other Insurance carriers for consumers looking to shop, compare, and buy on the Exchange during Open Enrollment for 2020 coverage The four carriers being offered for plan year 2020 are BCBS, Molina, NM Health Connections and True Health NM</p>	<p>BeWellnm certified agents, brokers and enrollment counselors are available free of charge to assist consumers that had previously enrolled in a CHRISTUS Health Plan individual plan to find a new plan effective in 2020 that fits their needs and their budgets.</p>	<p>We are working closely with Office of Superintendent of Insurance (OSI) to educate consumers regarding their options and that those covered by CHRISTUS Health Plan will experience a transition to new plan in the next year. Also, to ensure they are aware of “Transition of Care” services that are available from the participating QHP’s which can assist in providing continuity of care that is so vital to health of their families.</p>

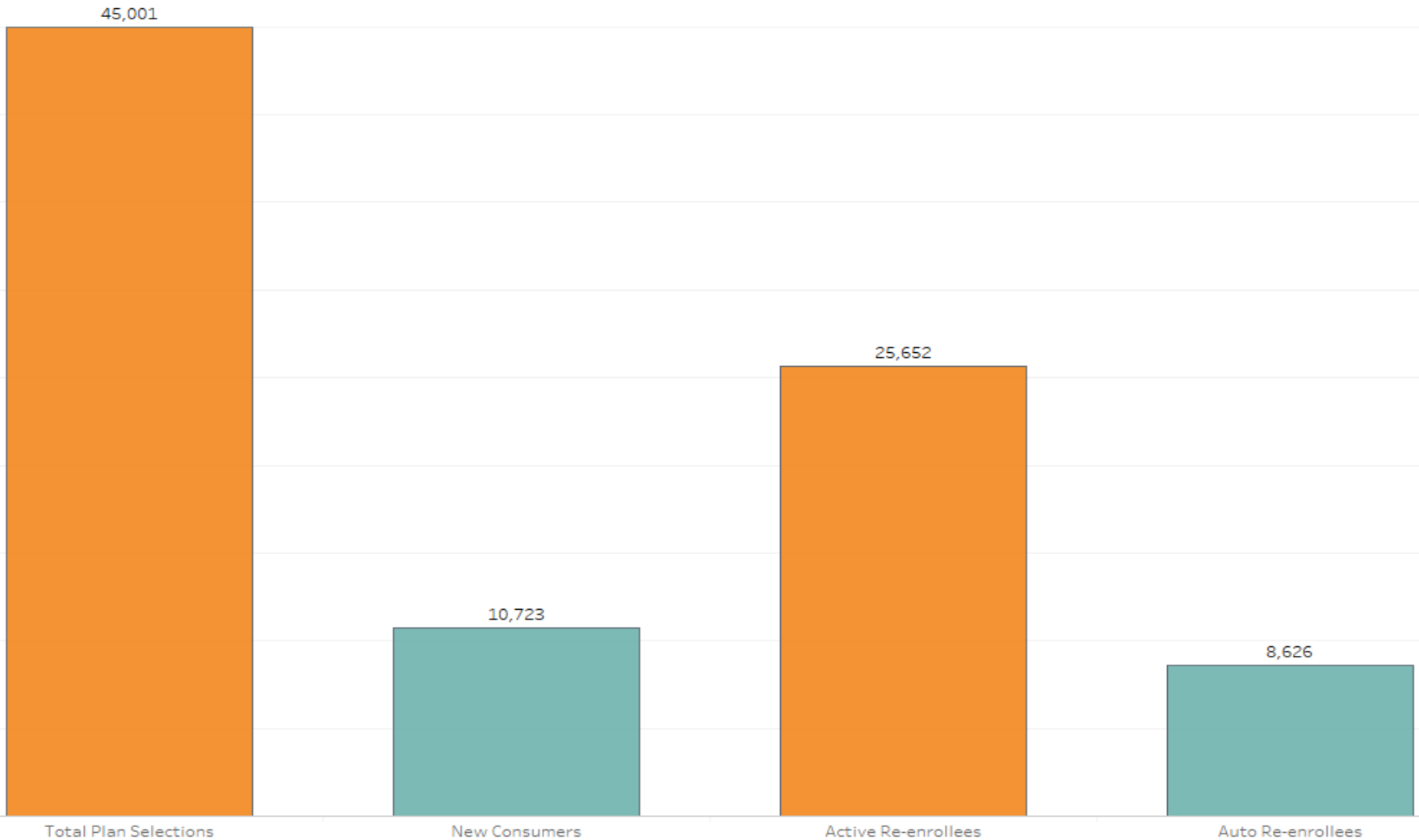
- **Those currently enrolled in CHRISTUS Health Plan on exchange plans this year will see no change in their coverage for 2019.**
- **All CHRISTUS Health Plan on exchange customers will receive a notice informing them of the change. We highly suggest that you ensure all your contact information on your profile at Healthcare.gov is up to date.**
- **All CHRISTUS Health Plan on-exchange customers will need to select a new plan from a different carrier during the 2020 Open Enrollment period. (begins November 1, 2019 through December 15th for coverage beginning on January 1, 2020)**



Enrollment Landscape

Public Use files OE 2019

Health Insurance Marketplace Open Enrollment Period Totals 2019



Enrollment by Metal Level

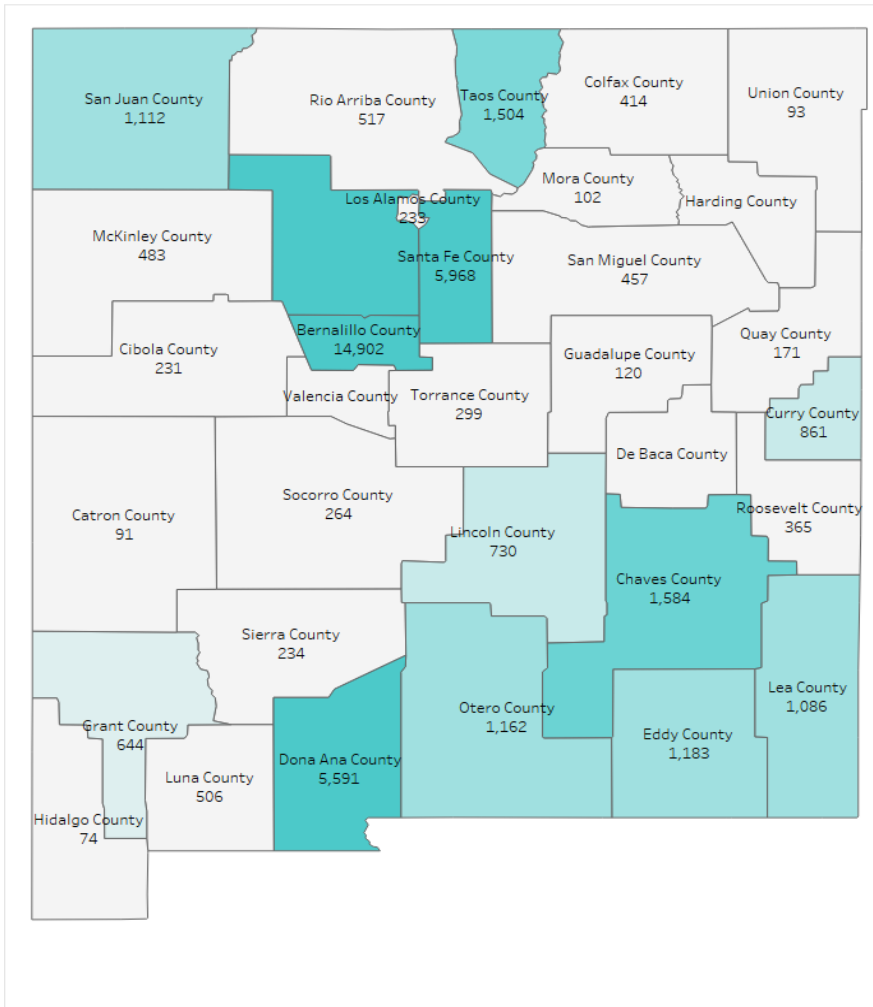
	Year	
Gold	2019	14,272
Silver	2019	14,996
Bronze	2019	15,652
Catastrophic	2019	81

Federal Poverty Level

≥100% to ≤150% of F..	2019	5,744
>150% to ≤200% of FPL	2019	11,110
>200% to ≤250% of FPL	2019	8,509
>250% to ≤300% of FPL	2019	5,649
>300%- ≤400% of FPL	2019	6,317
Other FPL	2019	2,290

OE 2019 Plan Selection Public Use Data

Plan Selection by County



Plan Selection Type by County

	Plan Selections	New Consumers	Total Re-enrollees	Active Re-enrollees	Automatic Re-enrollees
Total	43,796	10,709	34,212	25,566	8,586
Bernalillo County	14,902	3,737	11,165	8,355	2,810
Catron County	91	17	74	59	15
Chaves County	1,584	359	1,225	868	357
Cibola County	231	50	181	130	51
Colfax County	414	80	334	252	82
Curry County	861	190	671	561	110
De Baca County					
Dona Ana County	5,591	1,248	4,343	3,212	1,131
Eddy County	1,183	366	817	540	277
Grant County	644	140	504	406	98
Guadalupe County	120	18	102	62	40
Harding County					
Hidalgo County	74	14	60		
Lea County	1,086	270	816	538	278
Lincoln County	730	162	568	411	157
Los Alamos County	233	54	179	148	31
Luna County	506	91	415	276	139
McKinley County	483	113	370	239	131
Mora County	102	15	87	66	21
Otero County	1,162	273	889	660	229
Quay County	171	35	136	92	44
Rio Arriba County	517	125	392	290	102
Roosevelt County	365	64	301	228	73
San Juan County	1,112	319	793	539	254
San Miguel County	457	99	358	275	83
Sandoval County	2,815	709	2,106	1,650	456
Santa Fe County	5,968	1,371	4,597	3,580	1,017
Sierra County	234	52	182	139	43
Socorro County	264	67	197	156	41
Taos County	1,504	304	1,200	971	229
Torrance County	299	60	239	196	43
Union County	93	19	74	56	18
Valencia County		288	837	611	226

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Local Resources

Your role is important!

Agents/Brokers

- BeWellnm Helping you:
 - Newsletter
 - Customized Marketing pieces
 - Enrollment Event support
 - Resource on the beWellnm website
 - Bridging Partnerships
 - Small Business Training
- CMS Helping you:
 - Certification/Continuous Training
 - Resources Support Dedicated
 - Enhanced Direct Enrollment
 - Help on Demand
 - Circle of Champions
 - Find local Help
 - Surveys your experience

Navigators/Enrollment Counselors

- BeWellnm Helping you:
 - Customized Marketing pieces
 - Collaboration on overall support and resource for your local community.
 - Coordinating outreach support
 - Newsletter
 - Resource on the beWellnm website
 - Bridging Partnerships
- CMS Helping you:
 - Certification/Continuous Training
 - Resources Support Dedicated
 - Application Technical Support
 - Surveys your experience

BeWellnm Local Support

Individual/Family & Small Business

Katrina Smith - Broker Relations Specialist
ksmith@nmhix.com

Adriano Lujan - Broker Relations Specialist
Alujan@nmhix.com

They can assist with:

- Agents/Brokers becoming Certified
- Guidance on Steps and process
- Service and Support
Individual/Family & Small Business
- Lead coordinator for community events

Small Business

Martha Jurado de Romero - Operations Specialist

Nathan Garduno - Operations Specialists

Business Engagement Team
 1.833-862-3935 option 3
business@beWellnm.com

They can assist with:

- Group Set-up
- Eligibility
- Enrollment

BeWellnm Local Hours during Open Enrollment (November 1st - December 15th)

<u>Website</u>	<u>Toll Free Contact Center</u>
www.beWellNM.com	1-833-ToBeWell (862-3935)
Find Educational & RSVP for Enrollment Events in your area	Extended hours during Open Enrollment Monday - Friday Saturdays
Important information and assistance	8am - 6pm 9am - 1pm

2020 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows

- Every year, CMS establishes scheduled maintenance windows that provide periods of time when CMS and its partners can make updates or resolve issues
- Potential/maximum scheduled HealthCare.gov maintenance windows for this upcoming Open Enrollment period are:
 - Friday, November 1, 2019, early morning to make final preparations ahead of the start of the Open Enrollment period
 - Sundays, 12:00AM to 12:00PM (maximum time allotted), except on December 15, 2019
- This year's scheduled maintenance windows are the same as last year's. CMS plans to continue working with agents, brokers, and assisters to ensure they have the information necessary to plan for Open Enrollment

Thank you!

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